Minority HIV/AIDS Needs Assessment

Wisconsin Minority HIV/AIDS Demonstration Project

Project Period: 1999-2002

Sponsored by:

Wisconsin Division of Public Health
Minority Health Program
AIDS/HIV Program

Submitted:
June 2002

Wisconsin Division of Public Health
Minority HIV/AIDS Demonstration Project
Needs Assessment

Table of Contents

Minority HIV/AIDS Demonstration Project
Background

This report pertains to grant objectives related to the implementation of an HIV Minority Needs Assessment for YR 01 project period of the Wisconsin Minority HIV/AIDS Demonstration Project: D92MP99014-01.

In early May 2000, the Office of Minority Health, in coordination with the Project Coordinator, prioritized the implementation of a statewide needs assessment of the four target populations in Wisconsin, including African American, Hispanic/Latino, Native American, and Asian. The Project Coordinator initiated a review of the HIV prevention efforts currently underway in Wisconsin's minority communities, existing or pre-existing collaborations of state public health programs with minority communities, and Wisconsin HIV epidemiological/ surveillance reports.

Based on this information, mini-grants were allocated to community based organizations for short term projects to collect data, via focus groups, street outreach and mailed surveys from their communities in specific critical areas, i.e., leadership development, (with special emphasis on faith initiatives), culturally appropriate prevention education curricula/ materials, bilingual/bicultural barriers in communication, and gaps in services to people living with HIV/AIDS.

The majority of these community based organizations accessed technical assistance through the Wisconsin AIDS Program, Wisconsin HIV Prevention Community Planning Council, Black Health Coalition, Inc and United Migrant Opportunities Services.

The Minority HIV Needs Assessment provides a non-scientific snapshot of consumer/provider needs, existing community resources and gaps in HIV/AIDS prevention education and health care in minority communities. Grass-root feedback and data collection were implemented in certain zip codes where the prevalence of HIV/AIDS and STD's is highest.

The report also provides key summary findings that include challenges/ barriers and recommendations for empowering communities towards change and sustainability of effective programs for HIV/AIDS prevention and services.

The Minority HIV Needs Assessment should serve as a guide to community based organizations in developing and implementing effective HIV prevention programs in minority and emerging communities. It is an attempt to move toward greater understanding of the many HIV-related service, resource and education needs of minority communities in southeastern Wisconsin, and may also serve as a resource in the implementation of broader, more comprehensive needs assessment activities in the future.

The Minority HIV/AIDS Demonstration Project Highlights

The following report is based on YR 01 project activities primarily coordinated by the Project Coordinator from the Wisconsin Minority HIV/AIDS Demonstration Project.

Project activity years: September 30, 1999 through September 29, 2002.

This report highlights:

- The Congressional Black Caucus "state of emergency"' to decrease HIV/AIDS disparities in minority communities nationwide.

- Collaborative efforts of Wisconsin State Department of Health and Family Services, Division of Public Health programs to support a strategic statewide response to the crisis of HIV/AIDS in Wisconsin's minority communities, particularly in southeastern Wisconsin.

- HIV/AIDS surveillance data from SE Wisconsin that further target disparities in high risk zip codes compared to other areas in the state reporting HIV/AIDS incidence.

- Collaboration of grass-root community based organizations to work together for a statewide coordinated response to the crisis of HIV/AIDS in Wisconsin's communities of color.

- Preparation, planning and implementation for a Minority HIV/AIDS Needs Assessment which focus on areas critical to the overall health of minority communities, e.g., leadership development, faith initiatives, education and services, including problems encountered in design and implementation of needs assessment activities.

- Data collected regarding consumer/provider needs, existing community resources, and gaps in HIV/AIDS prevention education and health care services.

- Gap analysis which identifies challenges/barriers but also includes recommendations for change in prevention education and care and treatment programs.

- Upcoming trends related to emerging minority populations in Wisconsin reported by local health care providers.

- Linkages & Resources

- Supportive Data/ Contact Information

Minority HIV/AIDS Demonstration Project
Overview

Wisconsin Department of Health and Family Services Programs:

The Wisconsin Department of Health and Family Services, Division of Public Health, established the **Wisconsin Minority Health Program** in August 1999. The mission of the Minority Health Program is to reduce health disparities in minority populations through a system-wide approach to improving access to culturally competent health care services; improving reporting and surveillance data specifically for minority populations; and promoting statewide community partnerships for strategic preventive health care planning.

During the same year, the Minority Health Program was awarded a three-year capacity building grant from the Federal Office of Minority Health for the **Minority HIV/AIDS Demonstration Project.** This grant was one of several federal initiatives developed in response to the Congressional Black Caucus "State of Emergency" to decrease HIV infection and AIDS disparities in minority communities throughout the nation. The Office of Minority Health outlined three main goals for the Minority HIV/AIDS Demonstration Project:

a) Assist in the identification of needs within the state for HIV/AIDS prevention and services among minority populations by collection, analysis and/or tracking of existing data on surveillance and existing providers of HIV services for minority communities;
b) Facilitate linkages of minority community-based organizations with other state and local recipients of federal funds for HIV/AIDS to develop greater resource capacity and interventions in the identified areas of need; and
c) Assist in coordinating federal resources coming into high need, minority communities including identifying the different programs and facilitating access to federal technical assistance available to minority community-based organizations.

In the fall of 2000, the Wisconsin Minority Health Program and the Minority HIV/AIDS Demonstration Project formally collaborated with the **Wisconsin AIDS/HIV Program** in the implementation and monitoring of the project. The Project Coordinator was integrated into the AIDS/HIV Program's staff, and project activities were likewise coordinated with existing HIV/AIDS Program's services. This has been instrumental in coordinating planning efforts and a statewide response to HIV/AIDS in target minority populations, including: African American, Hispanic/Latino, Native American and Asian.

HIV/AIDS Minority Needs Assessment

Implementation of a **Minority HIV/AIDS Needs Assessment** was the initial focus for the Minority HIV/AIDS Demonstration Project. To accomplish this goal, seven minority CBOs were awarded mini-grants for grass-root analysis and data collection of consumer/providers needs, existing community resources and gap analysis of HIV/AIDS prevention education and health care services, particularly in high risk minority communities. Grantees included Minority CBO's and Faith- Based Organizations.

Minority HIV/AIDS Demonstration Project YR 01 Grantees included:

- Black Health Coalition, Inc,
- Bilingual Communications & Consultants
- Covenant Community Church
- Glorified Word Ministries, Inc.

- Milwaukee Women's Center
- United Migrant Opportunity Services, Inc.
- Wisconsin Statewide AIDS Network (SWAN)

Additionally grantees provided supportive data from the gaps analysis which identified barriers to HIV/AIDS prevention education, community mobilization/ leadership development and linkages in health care services among primarily African American and Hispanic/Latino communities in Southeastern Wisconsin.

Grantees utilized training from technical assistance and capacity building resources provided through the Wisconsin HIV/AIDS Program and two Minority CBOs, Black Health Coalition, Inc and UMOS- United Migrant Opportunity Services funded to provide culturally competent TA services to local Minority CBOs. Data collection tools followed CDC guidelines for developing effective intervention plans. For the most part, these tools proved effective for conducting needs assessment activities in the target populations, although they were more difficult to implement in some sub-cultures of major minority populations.

The Minority Needs Assessment hopes to serve as a guide to community based organizations in developing and implementing effective HIV prevention programs in minority and emerging communities. It is an attempt to move toward greater understanding of the many HIV-related service, resource and education needs of minority communities in southeastern Wisconsin- and provides an initial approach that could be useful before more systematic and scientifically-based need assessment methods are employed.

Therefore the recommendation of the Project Coordinator is for future research analysis, data collection and gap analysis based on scientific behavior interventions in communities of color with special emphasis on sub-cultures in high-risk areas.

Needs Assessment Tools Used

The following is a list of the four data collection tools used in conducting the needs assessment and a brief description of each.

1. **Leadership Development Workshops:** Community stakeholders come together for workshops that provide specific leadership building tools that address identified priority needs of minority communities, strengthen collaboration with other community leaders with a common focus, identify needs for future collaborative planning projects, and lay the ground work for ongoing leadership development activities.
2. **Focus Groups**: Facilitators convene small, interactive group representation/ community members to brainstorm and/or discuss interview questions focusing on a particular topic.
3. **Street Outreach**: Street outreach gathers information from various communities and their sub-cultures. Trained outreach workers identify and observe community norms and history, both past and present, which are consistent with data obtained from community representatives. Barriers to data collection, (i.e. language, lack of knowledge of culture and sub-cultures, social economic differences, etc.) can significantly alter the data collection process.
4. **Mail Surveys:** Mailed Surveys obtain pertinent data from consumers and providers regarding gap in HIV/AIDS services and educational curricula.

Minority HIV/AIDS Demonstration Project
Summary

This section supports the Needs Assessment Table and provides the narrative summary for the research analysis. Additional information is provided and supported by data collected from the surveys that include challenges, recommendations and upcoming trends pertaining to HIV/AIDS health disparities in minority communities.

The emphasis in the section details the challenges that were identified through the needs assessment, but also provides proactive recommendations to community based organizations, health care clinics, universities, stakeholders, and advocates for people living with AIDS for closing the gaps and implementing effective HIV/AIDS prevention education programs, media campaigns, and services to minority communities.

The strategic preparation, planning, and implementation for grass-root analysis and data collection conducted by Minority CBO's were in the following areas:

- Faith Initiatives
- Education Curriculum
- Mental Health and Support Services
- Bilingual Bicultural Language
- AIDS in Prisons
- Community/Tribal Mobilization

FAITH INITIATIVES:

Grantee(s): Black Health Coalition's Faith Initiative, Glorified Word Ministries, Inc.; and Covenant Community Church.

Community and faith based organizations collaborated to expand leadership development to black churches in Racine and Beloit Wisconsin for the first Black Church Week of Prayer for the Healing of AIDS in March, 2001. Leadership development workshops held in Milwaukee provided seventy-five African American churches with local and national resources to further develop their core skills related to AIDS Ministries.

Challenge(s):
Many African American churches have incorporated HIV/AIDS activities into their mission, but still struggle with addressing the issue of homosexuality in the church. The level of compassion and tolerance varies from church to church, and a congregation's approach to addressing these issues is influenced greatly by the level of tolerance coming from the pulpit. Because of this, churches providing AIDS Ministries tend to focus more on providing pastoral support services rather than on providing a more comprehensive approach, i.e. HIV/AIDS prevention education, resources, HIV counseling and testing services, and collaboration with other community based organizations that also provide HIV/AIDS services.

Recommendations:
Data from leadership development workshops suggest a need for ongoing dialogue and training among primarily black clergy for the development of AIDS Ministries. Core needs include: grant writing; fund raising; identifying communities' resources; pastoral counseling, and community mobilization. Secondarily, recommendations were made to extend these activities to Gay Men of Color Organizations via community meetings/ forums, as well as to the minority community at large.

EDUCATION CURRICULA:

Grantee(s): The American Red Cross, Wisconsin Statewide AIDS Network (SWAN)

The American Red Cross offers a nationally recognized African American, Hispanic and Native American HIV/AIDS curriculum course that certifies instructors and instructor trainers. This curricula was developed to improve the cultural competency of HIV prevention education targeting the above-mentioned populations. Focus groups conducted through this project assessed gaps in culturally competent education curricula, and included feedback from African American and Hispanic/Latino participants who had participated in at least one of the following training(s): American Red Cross HIV/AIDS curriculum course, HIV/AIDS prevention program, prevention case management (PCM), and a non-specific education curriculum(s) used by a community based and/or AIDS serving organization(s). Also, feedback from certified American Red Cross instructors and trainers were provided at the focus groups.

Challenge(s):
Based on focus group feedback, facilitators using culturally competent educational materials and curricula should include the following ten characteristics into their training and education activities (ranked in order of importance): Trust; Respect; Credibility; Flexibility; Humor; Visual and Audio aids; Interactive activities; Location; Be on time; Ask to go back. The grantee found that HIV presentation(s)/ workshop(s) are often lacking these important aspects, whereas more emphasis is put on the presentation of HIV/AIDS facts and practices.

Recommendations:
Community based organizations and service providers in all health related fields must begin to realize the importance of implementing cost-effective, culturally competent training that addresses different cultures and sub-cultures, particularly when the provider is serving economically, socially, and/or culturally diverse populations. Culturally competent education, curricula, and media campaigns count as supportive data, and are equally important when they stand alone.

INTEGRATED SERVICES:

Grantee: Milwaukee Women's Center, Inc.

This research analysis was based on the assumption that people living with HIV/AIDS often have overlapping mental and physical health conditions that complicate the care services and resources they receive from their care providers. Surveys conducted with health care providers indicate that many HIV positive women of color have medical histories that include co-existing behavioral health and substance abuse issues. Often these are documented, but are not being adequately addressed by a health care team.

Challenge(s):
A health care team may include any provider that the client sees for the management of their health. This team of health care providers and educators must communicate relevant patient information to ensure coordination of needed services.

Recommendations:
The terms "integrated" or "wrap around" services describe a holistic approach to the traditional health care system and promotes better communication between providers for the improved continuity of care for HIV positive women and their families. Providers in the related fields of infectious disease, alcohol/ substance abuse and mental health should be encouraged to attend local and national conferences and continuing education courses regarding the delivery of effective case management for people living with HIV/AIDS.

BILINGUAL/BICULTURAL LANGUAGES:

Grantee(s): United Migrant Opportunity Services (UMOS) and Bilingual Communications & Consultants, Inc.

Culturally competent outreach workers conducted one-on-one surveys with migrant farm workers predominately in north central Wisconsin. Beyond the barriers of language, culture, and ethnic stereotypes, this group has unique and specific challenges of their own that include extreme living conditions and long work hours. The grantee reported better success in obtaining data from migrant workers during extreme weather conditions and days off work.

Challenge(s):
As noted above, reaching migrant workers with prevention information is difficult due to extreme living conditions and long working hours. Bilingual/bicultural language barriers were also noted in the health care industry. There is a need for more Hispanic/Latino professional medical interpreters and providers.

Recommendations:
Providers, local and state health departments must take an aggressive roll in providing effective bilingual/bicultural services, media campaigns and professional staff that are trained in the various Latino cultures and sub-cultures. Training should include education on values and behaviors that will foster a better understanding between men and women and strengthen community/family roles and responsibilities.

AIDS IN PRISONS:

Grantee(s): Glorified Word Ministries, Inc; Milwaukee Women's Center

Focus groups conducted in prisons included input from inmates and prison staff. Supportive services to ensure early access to care and treatment/ resources were the primary priority need for inmates knowing their HIV status and willing to disclose their status. It was noted that some inmates who may have been exposed to HIV (inside prison or outside prison) don't want to know their HIV status for fear of being ostracized or made a "target" by staff and/or other inmates.

Identified priority needs of prison staff included more HIV/AIDS prevention education. Some staff feel unsafe in their work environment and do not feel they are adequately prepared to protect themselves in a "provoked" or "unprovoked" crisis situation, from inmates who "may" or "may not" be HIV positive.

Challenge(s):
Prison staff and inmates have concerns surrounding confidentiality, services and prevention education related to HIV/AIDS and other communicable diseases including Tuberculosis and Hepatitis C inside prisons.

Recommendations:
Prison administrators through the provision of ongoing HIV/AIDS education, counseling and testing, resources and referrals should address these concerns.

COMMUNITY/ TRIBAL MOBILIZATION:

Grantee(s): Great Lakes Inter-Tribal Council

Native Americans participated in roundtable discussions at the first Native American Leadership Summit that was convened November 14, 2001 in La du Flambeau, WI. The goals of the summit were to increase

awareness of HIV/AIDS in Native American communities, identify the role that tribal community leaders play in responding to the epidemic, and mobilize local Native Americans to forge greater linkages between leadership and HIV prevention planning. Summit participants (Native American AIDS/HIV Tribal Coordinators, elders and youth) provided feedback on evaluations that reported a lack of HIV/AIDS training, resources and communication between the tribes.

Challenges(s):
Reports from the summit identified lack of communication and collaboration between the tribes as the primary challenge to community mobilization. Underlying challenges identified and more specific to the impact of HIV/AIDS in Native American communities were generation gaps, denial, and the lack of HIV/AIDS education.

Recommendations:
Provide support for leadership summits, community forums and networking at local, regional and national conferences to assist in the identification of priority needs and gaps in resources for HIV prevention planning and services in Wisconsin's Native American communities.

Minority HIV/AIDS Demonstration Project
Table of Activities

Agency	Needs Assessment Tool Used	Target Focus	Target Demographics	Key Findings for Gap Analysis
• Minority Community-Based Organizations (CBOs) • Minority Technical Assistance (TA) Providers • Community- Based Churches	• Focus Group • Leadership Development • Survey • Outreach	• Faith Initiative • Education Curricula • Mental Health and Support Services • Bilingual bicultural barriers in limited English speaking populations • AIDS in Prison • Community/ Tribal Mobilization	• Region • Race • Gender • Risk Factor	**Barriers:** • Cultural barriers to traditional research analysis and education curricula • Specific challenges for minority community mobilization • Specific challenges for the Black church & HIV **Met Needs:** • Leadership Development **Unmet Needs:** • HIV awareness/ prevention programs • HIV linked service plans
• Black Health Coalition, Inc.	• Leadership Development • Focus Group	• Faith initiative	• African American • Church Community • Racine and Beloit Wisconsin	**Met Needs:** • Planned activities for the Black Church Week of Prayer for the Healing of AIDS
• Bilingual Communications & Consultants	• Focus Group • Survey (mailed)	• Bilingual bicultural barriers in limited English speaking populations	• Hispanic/ Latino	**Unmet Needs:** • Cultural diversity training of various Latino cultures. • Professional interpreter services in Hispanic/Latino communities especially medical translation. • Bilingual/bicultural health care providers.
• Covenant Community Church • Glorified Word Ministries, Inc.	• Focus Group • Leadership Development Workshop	• Faith initiative	• African-American • Church Community • Milwaukee, WI	**Met Needs:** • Workshops were held on the role of faith communities in the fight against HIV/AIDS in minority communities. • Workshops were held on developing an AIDS Ministry which included grant writing; fund raising; identifying community resources; pastoral counseling and community mobilization. **Unmet Need:** • Ongoing Leadership Development/ training and certification from National Faith-Based Organizations by community

				church leaders willing to develop local AIDS Ministries, disseminate materials, and provide outreach and support to other church communities interested in developing AIDS Ministries.
• Glorified Word Ministries, Inc. • Milwaukee Women's Center	• Outreach	• AIDS in Prisons	• African American and Hispanic/ Latino • Women • Prisons	**Unmet Need:** • Support for inmates who disclose their HIV/AIDS status. • Education for prison staff regarding the need for medical services for people in prison diagnosed with HIV/AIDS. • Support and education of prison staff, including medical staff and administrators regarding HIV/AIDS transmission and exposure rates of other diseases for incarcerated persons.
• Milwaukee Women's Center	• Survey (mailed)	• Wrap around services for HIV positive women, i.e., substance abuse, domestic violence, mental health, homelessness; support services., etc.	• Community Health Providers • Milwaukee, WI • African-American and Hispanic/ Latino • Women	**Barriers:** • Specific challenges for providers and consumers when services do not address the needs of both the consumer and provider. **Unmet Need:** • Lack of integrated or wrap around services and counseling* for Minority HIV positive women with co-existing Behavior Health and Substance Abuse issues among local community health providers. • Lack of integrated or wrap around services and counseling to gender specific populations. • Integrated or wrap around services suggest a 'one stop' model to case-management /PCM and better communication between health-care/ education providers for the continuity of care of HIV infected clients. Wrap around or integrated services include counseling, AODA, Mental Health, Support Group, Life Skill's Trainings, day care, transportation, insurance needs, food pantries, meals on wheels, housing, clothing and spiritual needs etc.

• United Migrant Opportunities Services	• Focus Group	• Bilingual/bicultural barriers to limited English speaking populations	• Hispanic/ Latino	**Unmet Needs:** • Lack of awareness and education programs for HIV/AIDS prevention and care and treatment. **Barriers:** • Language • Cultural taboos and stereotypic behavior, i.e. "machismo" may be a barrier for women and men protecting themselves from indiscriminate sex and may deter access to education programs and counseling and testing services.
United Migrant Opportunity Services	• Outreach	• Bilingual/bicultural barriers to limited English speaking populations	• Migrant Workers • North Central Wisconsin	**Additional Barriers:** • Trust • Language • Long working hours • HIV is not viewed as a priority
Native American Leadership Summit	• Leadership Development Summit • Focus Group	• Community/Tribal Mobilization	• Native American Indian	**Barriers:** 1. Lack of communication and collaboration with the tribes 3. Generation Gaps 4. Denial 5. Lack of education surrounding risk for HIV infection.
Wisconsin Statewide AIDS Network (SWAN)	• Focus Group • Mailed survey	• Culturally competent education curricula	• Milwaukee, WI • African American and Hispanic/Latino	**Unmet Need:** Culturally competent educational materials and facilitators should include the following: **1. Trust** (ties to the community) **2. Respect** (community norms and values) **3. Credibility** (less on credentials more on whether or not materials and/or the facilitator look like the community in which it serves) **4. Flexibility** (sensitivity to current community happenings) **5. Humor** **6. Visual Aids** (as many as possible including music when appropriate) **7. Interactive Activities** (ice breakers; Q & A's) **8. Location** (community) **9. Time** (start and finish on time) **10. Ask to go back** (two or three sessions are better than one full day

Wisconsin HIV/AIDS Surveillance Data

The epidemic of HIV infection in Wisconsin: a review of case surveillance data collected through 2001

In the year 2001, 336 new cases of human immunodeficiency virus (HIV) infection were reported in Wisconsin. This brings the total cumulative number of persons reported with HIV infection in Wisconsin to 7,575. Among these cases 4,919 meet the Centers for Disease Control and Prevention (CDC) criteria for AIDS; 2,656 have HIV infection but do not currently meet the AIDS case definition.

In Wisconsin, the first cases of HIV infection were reported in 1983, and throughout the 1980's, the annual number of reported cases of HIV infection increased. The decade of the 1990's marked a transition in the epidemic. The annual number of reported cases reached a peak between 1990 and 1993 after which annual new case numbers began to decline. The number of new cases of HIV infection reported in 2001 was the lowest since 1987. This represents a 14% decrease compared to the number of cases reported in 2000, and a 51% decline compared to 1992, the peak year.

The annual number of known deaths among persons reported with HIV infection in Wisconsin has also declined from the historic peak. One hundred seven deaths occurred in 2000, a 71% decline compared to the 370 deaths in 1993, the peak year. As a result, the number of living persons who have been reported with HIV has continually increased. Over the past five years (1997-2001) this increase has averaged 4% per year. At the end of 2001, 2,993 persons reported with HIV infection in Wisconsin are known to have died; 4,582 were presumed to be alive, an all-time high. Wisconsin has historically had a low rate of HIV-related morbidity compared to other states.

While HIV infection has been widespread in Wisconsin, the effect of the epidemic has not been the same for all populations.

While, most (58%) persons who have been reported with HIV infection in Wisconsin are white (table 1), throughout the epidemic the percentage of reported cases attributed to racial/ethnic minorities has increased. In 1999, for the first time more than one half of all cases of HIV infection reported in Wisconsin were among racial/ethnic minorities. This trend has continued; in 2001 57% of reported cases of HIV infection in Wisconsin were among racial/ethnic minorities.

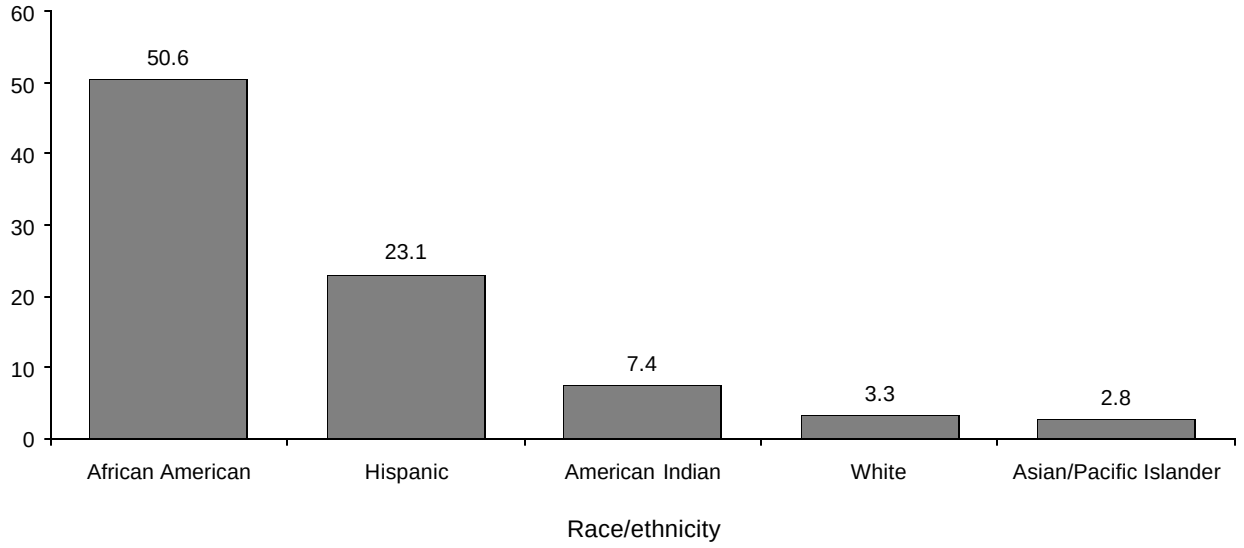
(Table 1) Reported HIV infection by race/ethnicity, cases reported through 2001

	Total cases		Deaths		Living cases	
Race/ethnicity	**No.**	**%**	**No.**	**%**	**No.**	**%**
White	4,388	58%	2,078	69%	2,310	50%
African Americans	2,471	33%	698	23%	1,773	39%
Hispanic	606	8%	182	6%	424	9%
Asian/Pacific Islander	34	<1%	8	<1%	26	1%
Am. Indian	70	1%	27	1%	43	1%
Other/Unknown	6	<1%	1	<1%	5	<1%

Percentage increases among African Americans and Hispanics account for this trend. In the 1980's, 25% of persons reported with HIV infection were African Americans, between 1990 and 1999 this percentage increased to 33%. Among persons reported with HIV infection between 2000 and 2001, 43% were African American. Likewise, the percentage of cases reported among Hispanics increased from 6% during the 1980's, to 8% between 1990 and 1999, and to 12% between 2000 and 2001.

While over one half of newly reported cases of HIV infection in Wisconsin are among minorities, minorities comprise only about 12% of the Wisconsin population. This disparity results in HIV infection rates (i.e., cases per 100,000 population) that are higher for African Americans, Hispanics and American Indians than for whites (Figure 2). Between 2000 and 2001 the average annual rate was fifteen-fold greater for African Americans, seven-fold greater for Hispanics, and two-fold greater for American Indians compared to the rate among whites.

(Figure 2) Average annual rate of reported HIV infection per 100,000 population, by race/ethnicity, Wisconsin, cases reported 2000-2001

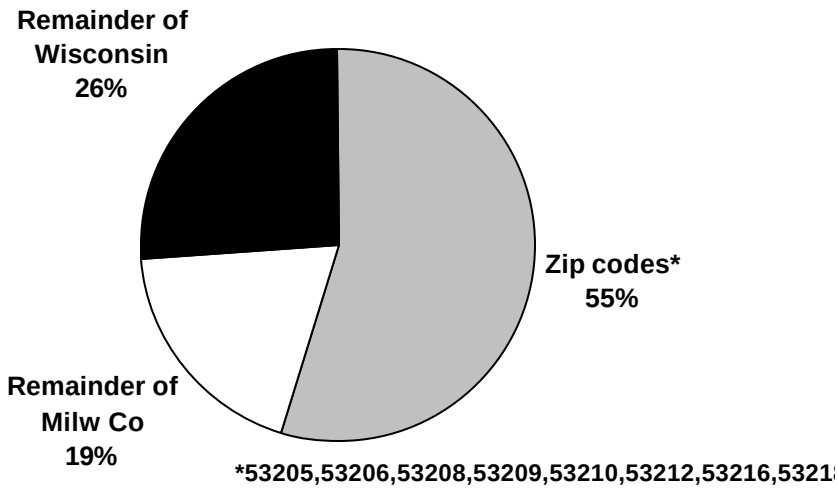


Throughout the 1990's there was a decline in the number of cases reported among whites. Among whites, 146 cases were reported in 2001, 67% less than in 1990, the peak year. For both African Americans and Hispanics, reported cases declined from peaks in the early 1990's, but have been more-or-less level over the past five years. Overall 69% of the observed decrease in reported HIV infection has been among whites.

Thus, the increase in the proportion of reported cases of HIV infection attributed to minorities has not resulted from increasing cases among minorities, but rather from a decrease in cases among whites.

Furthermore surveillance data reports the epidemic of HIV infection among racial and ethnic minorities in Wisconsin is highly focused. Nearly two thirds of African Americans reported with HIV infection in Wisconsin reside in Milwaukee County. Over one half of all reported cases have been reported from eight zip codes within the city of Milwaukee, 53205, 06, 08, 09, 10, 12, 16, 18. Among Hispanics reported with HIV infection 69% reside in Milwaukee County, 30% within a single zip code, 53204.

African Americans reported with HIV infection 1990-2001, by residence, Wisconsin



Conclusion:

1. Although the cumulative number of persons reported with HIV infection in Wisconsin is not as high as other states, the disparity among minority populations match states with higher incidence for HIV/AIDS.

2. Surveillance data that magnifies areas and populations where reported numbers are highest provide important supporting data for cost effective intervention plans and future research analysis in minority communities.

3. Although surveillance data and research analysis don't provide a complete picture for understanding the spread of HIV infection, it is important for targeting resources, funding and capacity building efforts to community based organizations concerned with decreasing the disparity of HIV/AIDS in minority communities.

4. Collaborative efforts between community based organizations, neighborhood health care clinics, health departments, universities etc. should be supported with ongoing technical assistance and culture diversity training on the different cultures and sub-cultures in communities in which they serve.

5. Minority community based organizations, as well as others in the community, should be aware of the fear impact and stigmatization of HIV/AIDS on their communities and become trained to address barriers in prevention education, street outreach, counseling and testing and health care services.

Minority HIV/AIDS Demonstration Project
Linkages & Resources
Demonstration Project Grantees

Beloit Inner City Council
1435 Wisconsin Ave
Beloit, WI 53511
Emma Harrell

Bilingual Bicultural Communications & Consultants
610 W. Lincoln Ave, Suite 2C
Milwaukee, WI 53215
Maria Gamez

Black Health Coalition, Inc
2801 West Wisconsin Avenue
Milwaukee, WI 53208
Dr Patricia McManus

Covenant Community Church
3033 W. Burleigh Street
Milwaukee, WI 53210
Rev. Shedric Daniels

Glorified Word Ministries, Inc
Rev. AreNee Guthrie

Milwaukee Women's Center
611 N. Broadway Suite 230
Milwaukee, WI 53202
Amy Krykowski

New Concepts Self- Development Center
4828 W. Fond Du Lac Ave
Milwaukee, WI 53216
Vanessa Key

United Migrant Opportunity Services (UMOS)
929 W. Mitchell Street
PO Box 04129
Milwaukee, WI 53204
Mary Ann Borman

Wisconsin Statewide AIDS Network (SWAN)
4860 Sheboygan Ave.
Madison, WI 53705
Kathleen Taylor

Minority HIV/AIDS Demonstration Project
Supporting Data

1. Final reports submitted by grantees from the Minority HIV/AIDS Demonstration Project YR 01 Project Activities.

2. Wisconsin HIV/AIDS Quarterly Surveillance Summary Report(s)

3. Wisconsin AIDS/HIV Updates: Minority HIV Demonstration Project- Winter 2001; Update on Minority HIV Demonstration Project- Summer 2001; Native American Leadership Summit- Winter 2002; Minority HIV/AIDS Needs Assessment- Spring 2002.

4. Wisconsin HIV Prevention Community Planning Council -Comprehensive HIV Prevention Plan 2001

5. Native American Leadership Summit- Lac du Flambeau, Wisconsin (November 2001)

6. Wisconsin Hispanic Leadership HIV Summit- Post Conference Report (September 2000)

7. African American HIV/AIDS Post Leadership Summit- (September 2000)

8. African American Leadership Task Force- Milwaukee, Wisconsin

9. Hispanic HIV Leadership Task Force- Milwaukee, Wisconsin

10. Office of Minority Health Resource Center/ Newsletter- Closing the Gap

11. Jackson State University- Midwestern Prevention Intervention Center

12. Health Resources and Service Administration (HRSA)

13. Abigail D. McCulloch- Congressional Black Caucus Regional Resource Consultant

14. Academy Educational Development, Center for Community Based Health Strategies. Assessing the Need for Prevention Services: A Guide for Community Planning Groups

15. Minority HIV/AIDS Advisory Council/ Community Planning Representatives

16. National Alliance of State and Territorial AIDS Directors (NASTAD)- Minority Monograph (December 2001)

17. Center For Disease Control and Prevention- Community Planning and Capacity Building

Minority HIV/AIDS Demonstration Project
Contact Information

Wisconsin Office of Minority Health

Denise Carty
Project Officer
Minority Health Program
1 West Wilson Street
PO Box 2659
Madison, WI 53701
(608) 267-2173
cartydc@dhfs.state.wi.us

Sonia C. Jackson
Project Coordinator
Minority HIV/AIDS Demonstration Project
1 West Wilson Street Room 318
PO Box 2659
Madison, WI 53701
(608) 261-6387
jackssc@dfhs.state.wi.us

Wisconsin AIDS/HIV Prevention Program Directors/ Supervisors

James M. Vergeront, MD
Project Business Official
Minority HIV/AIDS Demonstration Project
Program Director
Wisconsin AIDS Program
1 West Wilson Street
PO Box 2659
Madison, WI 53701
(608) 266-9853
vergejm@dhfs.state.wi.us

Tatiana Dierwechter
Prevention Supervisor
Wisconsin AIDS Program
1 West Wilson Street
PO Box 2659
Madison, WI 53701
(608) 264-6514
dierwt@dhfs.state.wi.us

Wisconsin AIDS/HIV Prevention Program Staff

Karen Johnson
HIV Prevention Consultant
(608) 266-1808

Miche Llanas
Counseling & testing Services Consultant
(608) 261-6731

Gail M. Nahwahquaw
HIV Life Care Services Coordinator
(608) 266-1122